



GAUTENG DEPARTMENT OF SPORT, ARTS, CULTURE AND RECREATION

Grants in Aid Application Form for 2009/10

HIV/AIDS Programmes

CLOSING DATE: 6 FEBRUARY 2009

<i>For office use only</i>	
Reference Number	Date of Receipt
<input type="text"/>	<input type="text"/>

In order to effectively implement HIV/Aids Programmes the Department, calls on Arts and Culture as well as Sport Organizations to submit proposals for projects that clearly demonstrate the following criteria:

In order to be considered proposals must be in line with the Gauteng AIDS Strategy and demonstrate how their project can contribute to one or more of the following:

- Promoting positive living through exercise for People Living with HIV and AIDS.
- Educating sport participants, personalities and arts practitioners and encouraging them to be ambassadors for HIV and AIDS.
- Developing HIV and AIDS visual arts, drama or dance works that are integrated into our Mass Participation Hubs.

Please note there are maximum budget allocations per category.

This application Form is in seven parts:

In Section 1: Details of the Coordinator

In Section 2: Details of your organisation/ group/ institution

In Section 3: Project Activities and Target groups

In Section 4: Project Budget and Financial Information

In Section 5: Details of contactable referees.

In Section 6: Signature from Organisation (Chairperson, CEO, Director, etc)

In Section 7: Checklist

NB: If there is not enough space on this form for your answers, please use and attach further sheets of paper which must be numbered correctly.

Indicate with an "X" where applicable

Indicate in which section you are applying for HIV/AIDS programmes.

Arts and Culture		Sport and Recreation	
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Category: Indicate with an "X" what you are applying for:

Training programmes		Awareness Campaigns	
Advocacy Campaigns		Other: Please indicate:	

Note well:

1. Area of operation and project implementation must be Gauteng-based
2. Applications will be considered for 1, 2 or 3 year funding cycles

SECTION A: DETAILS OF THE COORDINATOR

1.1 Name of the group / organisation / institution

1.2 Contact details

Name of coordinator in the group or organisation responsible for this project (to whom correspondence will be sent)

Title

First name

Surname

Position held in the group / organisation / institution

Postal Address

Postal code

Physical address of project

Postal code

Cell Number

Fax

Telephone (work)

E-mail

SECTION 2: DETAILS OF YOUR ORGANISATION/ GROUP/ INSTITUTION

2.1 If your organisation is a branch of a larger organisation, or a member of an umbrella body, please name it

2.2 What type of group or organisation are you?

Section 21 Company/ NPO

Section 18A of
Tax Act

Voluntary association

Other (please state)

2.6. How many people are involved in running your group or organisation? (Please give numbers)

Paid staff: Full time staff: Part time Volunteers

2.7. Outline the management structure of your organisation

Name and Surname	Gender	Position in Organisation	Contact Details

SECTION 3: PROJECT ACTIVITIES AND TARGET GROUP

3.1 Name of the project you are applying for

3.2 Describe the aims and objectives of your project

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3.3. Describe the desired Outputs of your project

1.

2.

3.

4.

5.

3.4. Who will benefit from your project and in what way?

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3.5. Describe the expected impact of your project.

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3.6. Where do most of the people in your target group live? Tick relevant boxes.

Johannesburg Metropolitan

Tshwane Metropolitan

- Ekurhuleni Metropolitan
- Metsweding District Municipality
- Lesedi District Municipality
- Randfontein Local Municipality

- Sedibeng District Municipality
- Mogale City Municipality
- Westonaria Local Municipality

3.7. How will you describe the people in your target group for this project? Please tick no more than 5 relevant boxes.

- | | | | |
|-----------------------------|--------------------------|-------------------------------|--------------------------|
| Elderly people | <input type="checkbox"/> | Children | <input type="checkbox"/> |
| Women | <input type="checkbox"/> | People earning a low income | <input type="checkbox"/> |
| Men | <input type="checkbox"/> | Offenders | <input type="checkbox"/> |
| Living in urban areas | <input type="checkbox"/> | Physically disabled people | <input type="checkbox"/> |
| Living in rural areas | <input type="checkbox"/> | People with mental ill health | <input type="checkbox"/> |
| Unemployed people | <input type="checkbox"/> | Refugees | <input type="checkbox"/> |
| Homeless people | <input type="checkbox"/> | Victims of crime or abuse | <input type="checkbox"/> |
| People living with HIV/AIDS | <input type="checkbox"/> | | |
| Other (please specify) | _____ | | |

3.8. Talent / Performance Development

Please describe how your project will maintain existing and develop new talent for your products, services and participants (also indicate how you would be interacting with the MPP programme through the various hubs in the different parts of the province).

a) Plan for maintaining existing participants / members:

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b) Plan and programmes for new participants / members :

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SECTION 4: PROJECT BUDGET

4.1. What amount of funds are you requesting from the Department: _____

4.2. For what period? (e.g. One year, 2 year, etc): _____

4.3. Please attach a Costed Project Implementation Plan (See Annexure A for a guide). Below is an example of how the project plan should be filled in.

Example:

Activity	Item	Venue and Area	Duration	Cost	Total
Capacity Building (coaching skills)	Facilitator	Yeoville Recreation centre	2 days	R100 per day x 2 days	R200
	Catering x 20 people		2 days	R30 x20 people x 2 days	R1200
	Course Material (20 manuals)			R30 X 20 manuals	R600
SUB-TOTAL					R2,000
Administration Costs (not more than 10% of the budget)					

4.4. Please provide a breakdown of expenditure against activities for Year 1, Year 2 and Year 3. (This can be attached as a more detailed line item budget)

Activity	Year 1	Year 2	Year 3
TOTAL			

4.5. Have you applied for funding for this project to other organisations? Fill in the details below.

Source of funding	Amount	Approved	Awaiting approval

Earned income			
In kind			
Business sponsorship: Specify:			
Trust/Foundations: specify			
Foreign Donors: specify			
Provincial Government			
Local Authorities			
Lottery			
Others:			

4.6. Total Income

4.7 List any previous funding you have received from the Department of Sport and Recreation

Date	Ref. No	Project title	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	R <input type="text"/>

4.8 Provide us with your bank account details (please make sure that these are accurate)

Name of Account Holder

Bank name

Branch name

Bank telephone

Branch code

A/c number

Type of Account:

Cheque/Current		Transmission		Savings		Other: Specify	
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4.9. Who from your group can sign cheques for this account?

1. Name and surname

Position

Telephone

2. Name and surname

Position

Telephone

3. Name and surname

Position

Telephone

If the Treasurer of your group is not one of these 3 signatories, give the Treasurer's name here

Telephone

4.10. Name of accountant/bookkeeper/auditor who will be responsible for daily financial management of the organisation.

Name and surname

Telephone

4.11 Give information relating to your most recent annual accounts

Financial year ending:

Day Month Year

Total (gross) income

minus Total expenditure

equals Surplus/ deficit for the year

Savings (reserves, cash or investments)

SECTION 5: DETAILS OF CONTACTABLE REFEREES

5.1. Provide names of two independent referees: From your affiliated body, a community leader and/or and a professional person in your relevant sport discipline. Please submit *written and signed* references from the referees mentioned below.

Provincial / National Federation

Title First name Surname Occupation

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal address

<input type="text"/>
<input type="text"/>
Postal code:

Telephone: Daytime Fax

I confirm that I know this group and its work. I have read this application and I support this request for funding. I am willing to be contacted to discuss this application.

Signed

Regional / Provincial Sport Council /Community Leader

Title First name Surname Occupation

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal address

<input type="text"/>
<input type="text"/>
Postal code:

Telephone: Daytime

 Email

I confirm that I know this group and its work. I have read this application and I support this request for funding. I am willing to be contacted now to discuss this application and at a later date.

Signed

Date

PLEASE NOTE: Please submit with this application two written and signed references from people and organisations in the sport sector who have worked with your organisation in the past.

5.2. Your signature (this must be the signature of the convenor in section 1)

I confirm that, to the best of my knowledge and belief, all information given on this application form is true and accurate. I understand that supporting information may be requested at any stage of the application process.

Signed

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SECTION 6: SIGNATURE FROM ORGANISATION

**Your Chairperson, Vice Chair or Treasurer of the group/organisation/institution must sign below.
(This must NOT be the convenor named in section 1)**

I confirm that I am authorised to sign this declaration on behalf of (name of group/ organisation/
institution)

and that, to the best of my knowledge and belief, all information provided in this application is true and accurate.

Position held in group/organisation/institution

Title

First name

Surname

Contact address, including postal code

Postal code:

Town / City

Province

Telephone:

()

Fax

()

Email

Signed

SECTION 7: CHECKLIST

IMPORTANT

Your application can only be processed if all the questions on this form are completed, the form and the contract are signed by the appropriate people and if we receive all the necessary enclosures. Please use this checklist to make sure you are sending us everything we need in order to process your application.

(Tick)

- The independent referees have signed No 5.1.
- The convenor (named in No 1) has signed No 5.2.
- The Chairperson signed in Section 6
- Certified Copy of registration

I have enclosed the following copies:

- A copy of your constitution or set of rules, dated and signed as “adopted” by our group
- A certified copy of the ID of coordinator and other key individuals involved in the project
- A certified copy of the latest 3 bank statement (not more than three months old)
- A certified copy of our most recent Audited financial accounts, dated and signed as approved by the directors. These must not be more that one year old.
- An original copy of a Tax Clearance Certificate (this is applicable to all applicants, both individuals and their organisations)/ or a certified copy of a Tax Exemption Letter.
- Copies of any quotations or notes we have used to work out our costs
- Two written and signed references from reputable referees

The following financial and project information has been attached:

- A document outlining our financial management and project management systems with lines of accountability and procedures
- Clear costed project implementation plan with associated 1,2 or 3 year budget outlining all activities and expenditure for each of the 3 years where applicable

Track record of the organisation noting all previous projects, clients, budgets, allocations and dates in the form of either a statement of capability for our organisation or a 500 word description of the organisation work in the past three years

Evaluation and progress reports

An outline of how the programme will be evaluated (criteria of success) and who will conduct this evaluation

For funding applications longer than 1 year, please provide an indication of what your progress reports will cover.

For your benefit

A copy of this application form has been made and kept for our reference

All questions are answered completely

If you have ticked all the boxes, your application should now be complete.

Note well: The Department does not take responsibility for late applications or applications lost through the postal system.

Failure to comply with these will lead to disqualification.

Please send it to us to affix the correct postage.

PLEASE DO NOT FAX OR E-MAIL THE APPLICATION

Part or all of the information you provide us with will be held on computer. This information will be used for the administration of applications and grants and for producing statistics. Copies of this information will be provided, when necessary, to individuals and organisations whom we may need to consult when assessing applications and monitoring grants. The funding Bodies share information with each other to enable them to detect fraudulent applications and to co-ordinate processing of complementary applications. Some of the information you supply on the application form will be provided to the database service. It may also be used by the Department of Sport and Recreation.